Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-12-08</u>	Address:	UNDERWOOD ROAD	
Case #:	<u>24-29165</u>		SOUTH OF 5 TH ROAD	
County:	MARSHALL		PLYMOUTH, IN	
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	heck all that apply) If otel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): OUTSIDE				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium): <u>OUTSIDE</u>				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	<u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip	
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: <u>POLK FIRE</u> artment: <u>MARSHALL CO.</u> ction Service: <u>N/A</u>	SHALL CO. Fax: 936-9247 Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JASON FAULSTICH</u> Phone <u>1-800-552-2959</u> .				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.